



E-Commerce Grant Program Application

Applicant

Business: _____

Business address: _____

Contact person: _____

Phone: _____ Email: _____

Website address (if applicable) _____

Current York County Business License? _____

Woman/Minority Owned? _____ (**Attach SWAM Certification Documents)

Authorized Provider

Business Name: _____

Address: _____

Phone: _____

Project Summary & Costs

Written Summary of proposed work: _____

**** Two** detailed quotes from two authorized providers for the proposed work must be submitted with this application.

Quoted Project Costs: \$ _____

Grant Funds Requested: \$ _____

(50% of total estimated costs up to \$500 or up to \$1000 for woman/minority owned business)

I agree to pay the entire project costs in full and to submit paid receipts to the York County Office of Economic Development in order to receive the approved grant reimbursement. I certify that, at the time of this application, none of the above quoted work has already begun.

Signature _____ Date _____